

EMERGENCY HEALTH INFORMATION SHEET
HILLEL YESHIVA HEALTH OFFICE

This form is to be completed for each child, as it becomes a part of the child's record. Please complete all information and return to the school as soon as possible, but **NO LATER** than the first day of school.

Child's Name _____ Grade _____ Birth date _____

Parents' Names _____ Home Phone _____

Address _____ Town _____ Zip _____

Father's Work Phone _____ Cell _____

Mother's Work Phone _____ Cell _____

Father's E-Mail Address _____ Mother's E-mail Address _____

Peditrician's Name _____ Phone _____

**Food Allergies/Allergies/Health
Concerns** _____

Child wears glasses: Yes _____ No _____ Contacts: Yes _____ No _____

Tylenol is available for headaches or other pain without fever. If you wish your child to have Tylenol in these cases, please indicate the dosage below and sign your initials:

Number of Tablets Adult (325mg) _____ Initials of Parent _____

or

Number of Tablets junior/chewable (160mg) _____ Initials of Parent _____

Please list three additional local numbers (including cellular) of people (NOT including parents) who will be available in an emergency to pick up a sick child or the seek medical advice in the event a parent cannot be reached.

Name _____	# _____	cell # _____	Relationship _____
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Name _____	# _____	cell # _____	Relationship _____
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Name _____	# _____	cell # _____	Relationship _____
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Please list siblings/grade: _____

I state that all the above information is complete and correct. If there are any changes I will notify the school nurse in writing so that the record and care can be altered.

The school is administering medication under parental instructions as an accommodation to the parent and it does not assume any liability. I acknowledge that I have read the Hillel Yeshiva Medication Administration Policy.

Date _____ Parent Signature _____